| Case 11-13723-BFK | Doc 11 | Filed 06/02/1 | .1 Entered 06/02/11 11:2 | 9:03 Desc Main |
|-------------------------------|--------------|---------------|--------------------------|----------------|
| | | Document | Page 1 of 33 | |
| C (Official Form 22C) (Chanta | - 12) (17/1A |) | <u> </u> | |

| Document | Page 1 of 33 |
|--|---|
| B22C (Official Form 22C) (Chapter 13) (12/10) | According to the calculations required by this statement: |
| | ▼ The applicable commitment period is 3 years. |
| In re: Sim, Kapbo & Sim, Rachel Y | ☐ The applicable commitment period is 5 years. |
| Debtor(s) | ☐ Disposable income is determined under § 1325(b)(3). |
| Case Number: 11-13723 (If known) | ☑ Disposable income is not determined under § 1325(b)(3). |
| (41011) | (Check the boxes as directed in Lines 17 and 23 of this statement.) |

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| | Part I. REPORT OF INCOME | | | | | |
|---|---|---|--|--------------------------|--------------------------------|--|
| | a. [| ital/filing status. Check the box that applies and of Unmarried. Complete only Column A ("Debtor Married. Complete both Column A ("Debtor | or's Income") for Lines 2-10. | | | |
| 1 | the si | gures must reflect average monthly income received calendar months prior to filing the bankruptcy of the before the filing. If the amount of monthly income divide the six-month total by six, and enter the re | ease, ending on the last day of the me varied during the six months, you | Column A Debtor's Income | Column B Spouse's Income | |
| 2 | Gros | s wages, salary, tips, bonuses, overtime, comm | issions. | \$ | \$ 4,750.16 | |
| 3 | Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV. | | | | | |
| | a. | Gross receipts | \$ 16,000.00 | | | |
| | b. | Ordinary and necessary operating expenses | \$ 13,860.00 | | | |
| | c. | Business income | Subtract Line b from Line a | \$ 2,140.00 | \$ | |
| 4 | diffe | and other real property income. Subtract Line rence in the appropriate column(s) of Line 4. Do not not under any part of the operating expenses enter IV. | not enter a number less than zero. Do | | | |
| 4 | a. | Gross receipts | \$ | | | |
| | b. | Ordinary and necessary operating expenses | \$ | | | |
| | c. | Rent and other real property income | Subtract Line b from Line a | \$ | \$ | |
| 5 | Inter | est, dividends, and royalties. | | \$ | \$ | |
| 6 | 6 Pension and retirement income. | | | \$ | \$ | |
| 7 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for | | | \$ | \$ | |

| | | | | | | | | _ | |
|----|---|---|--------------------------------|---|---------|-----------------------------|-----------------|-----------|-----------|
| 8 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: | | | | | | | | |
| | Unemployment compensation claimed to be a benefit under the Social Security Act Debte | or \$ | Spouse S | \$ | _ | \$ | | \$ | |
| 9 | Income from all other sources. Specify sources on a separate page. Total and enter on maintenance payments paid by your spouse or separate maintenance. Do not include any Act or payments received as a victim of a war of international or domestic terrorism. a. b. | n Line 9. Do not incl e e, but include all oth y benefits received un | ude alimener paymender the S | ony or separa ents of alimo Social Security | ny ⁄ | \$ | | \$ | |
| 10 | Subtotal. Add Lines 2 thru 9 in Column A, an through 9 in Column B. Enter the total(s). | nd, if Column B is co | mpleted, | add Lines 2 | | \$ | 2,140.00 | \$ | 4,750.16 |
| 11 | Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A. | | | | | | | | 6,890.16 |
| | Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD | | | | | | | | |
| 12 | Enter the amount from Line 11. | | | | | | | \$ | 6,890.16 |
| 13 | Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. \$ | | | | | ome of paid on w, the ct of | | | |
| | Total and enter on Line 13. | | | | | | | \$ | 0.00 |
| 14 | Subtract Line 13 from Line 12 and enter th | | | | | | | \$ | 6,890.16 |
| 15 | Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result. | | | | | | \$ | 82,681.92 | |
| 16 | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | | | | | |
| | a. Enter debtor's state of residence: Virginia | | _ b. Ente | er debtor's hou | iseho | ld siz | ze: _4 _ | \$ | 86,990.00 |
| 17 | Application of § 1325(b)(4). Check the application of § 1325(b)(4). Check the application of the amount on Line 15 is less than the angular at the top of page 1 of this statem. ☐ The amount on Line 15 is not less than period is 5 years" at the top of page 1 of the amount of the top of page 1 of the amount of the top of page 1 of the amount of the top of page 1 of the amount of the top of page 1 of the amount of the top of page 1 of the amount of the amount of the amount of the top of page 1 of the amount of the a | amount on Line 16. ment and continue wi the amount on Line | Check the this state 16. Check | ne box for "Th ntement. ck the box for | "The | | | | |
| | Part III. APPLICATION OF § 132 | 25(b)(3) FOR DET | ERMIN | NING DISPO | OSA | BLE | INCOM | ΙE | |

Case 11-13723-BFK Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03 Desc Main Document Page 3 of 33 B22C (Official Form 22C) (Chapter 13) (12/10)

| Enter the amount from Line 11. | | | | | \$ | 6,890.16 |
|---|---|--|--|--|---|---|
| total of any income listed in Line 10 expenses of the debtor or the debtor Column B income (such as payment than the debtor or the debtor's depenecessary, list additional adjustment not apply, enter zero. a. b. c. |), Column B that was dependents. Specifies of the spouse's tandents) and the ar | was NO ecify in ax liabil nount o | T paid on a regular basis for the lines below the basis for ity or the spouse's support f income devoted to each p | r the household or excluding the of persons other urpose. If | ď. | 0 00 |
| | 25(h)(2) Subtract | Lina 1 |) from Line 10 and enter th | o rosult | | 0.00 6,890.16 |
| Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result. Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. | | | | | | 82,681.92 |
| Applicable median family income | Enter the amoun | t from I | Line 16. | | \$ | 86,990.00 |
| Application of § 1325(b)(3). Check the applicable box and proceed as directed. □ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ☑ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI. | | | | | | s not |
| Part IV. CALCULA | TION OF DED | UCTI | ONS ALLOWED UND | ER § 707(b)(2) | | |
| Subpart A: Deduc | tions under Stan | dards | of the Internal Revenue Se | ervice (IRS) | | |
| miscellaneous. Enter in Line 24A th Expenses for the applicable number from the clerk of the bankruptcy cou | ne "Total" amount of persons. (This art.) The applicab | t from I inform le numb | RS National Standards for a strict is available at <a "="" href="https://www.usarton.org/www.usarto</td><th>Allowable Living sdoj.gov/ust/ or that would</th><td>\$</td><td></td></tr><tr><td colspan=5>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. Persons under 65 years of age | \$ | | |
| | Marital adjustment. If you are maritotal of any income listed in Line 10 expenses of the debtor or the debtor Column B income (such as payment than the debtor or the debtor's depenecessary, list additional adjustment not apply, enter zero. a. b. c. Total and enter on Line 19. Current monthly income for § 13. Annualized current monthly income 12 and enter the result. Application of § 1325(b)(3). Checked Incomply in the mount on Line 21 is more under § 1325(b)(3)" at the top of the mount on Line 21 is not determined under § 1325(b)(3)" complete Parts IV, V, or VI. Part IV. CALCULA Subpart A: Deduce National Standards: food, appare miscellaneous. Enter in Line 24A the Expenses for the applicable number from the clerk of the bankruptcy concurrently be allowed as exemptions dependents whom you support. National Standards: health care. Out-of-Pocket Health Care for person the clerk of the bankruptcy concurrently be allowed as exemptions dependents whom you support. National Standards: health care for person www.usdoj.gov/ust/ or from the cler persons who are under 65 years of a years of age or older. (The applicable category that would currently be allowed any additional dependents whom persons under 65, and enter the result of any additional dependents whom persons under 65, and enter the result in Line Persons under 65 years of age al. Allowance per person bl. Number of persons | Marital adjustment. If you are married, but are not total of any income listed in Line 10, Column B that expenses of the debtor or the debtor's dependents. Sp Column B income (such as payment of the spouse's totan the debtor or the debtor's dependents) and the arecessary, list additional adjustments on a separate panot apply, enter zero. a. b. c. Total and enter on Line 19. Current monthly income for § 1325(b)(3). Subtract Annualized current monthly income for § 1325(b): 12 and enter the result. Applicable median family income. Enter the amoun Application of § 1325(b)(3). Check the applicable be The amount on Line 21 is more than the amounder § 1325(b)(3)" at the top of page 1 of this st The amount on Line 21 is not more than the and determined under § 1325(b)(3)" at the top of page complete Parts IV, V, or VI. Part IV. CALCULATION OF DED Subpart A: Deductions under Stan National Standards: food, apparel and services, he miscellaneous. Enter in Line 24A the "Total" amoun Expenses for the applicable number of persons. (This from the clerk of the bankruptcy court.) The applicable currently be allowed as exemptions on your federal in dependents whom you support. National Standards: health care. Enter in Line a1 b Out-of-Pocket Health Care for persons under 65 years of ag www.usdoi.gov/ust/ or from the clerk of the bankrupt persons who are under 65 years of age, and enter in Lyears of age or older. (The applicable number of persons under 65 years of age or older. (The applicable number of persons under 65, and enter the result in Line c1. Mul persons 65 and older, and enter the result in Line c2. amount, and enter the result in Line 24B. Persons under 65 years of age a1. Allowance per person b1. Number of persons | Marital adjustment. If you are married, but are not filing jo total of any income listed in Line 10, Column B that was NO expenses of the debtor or the debtor's dependents. Specify in Column B income (such as payment of the spouse's tax liabil than the debtor or the debtor's dependents) and the amount on necessary, list additional adjustments on a separate page. If the thot apply, enter zero. a. b. c. Total and enter on Line 19. Current monthly income for § 1325(b)(3). Subtract Line 19. Annualized current monthly income for § 1325(b)(3). Mul 12 and enter the result. Application of § 1325(b)(3). Check the applicable box and payment of § 1325(b)(3). The amount on Line 21 is more than the amount on Lunder § 1325(b)(3)" at the top of page 1 of this statement. It is the top of page 1 of the complete Parts IV, V, or VI. Part IV. CALCULATION OF DEDUCTION Subpart A: Deductions under Standards. National Standards: food, apparel and services, houseked miscellaneous. Enter in Line 24A the "Total" amount from It Expenses for the applicable number of persons. (This information the clerk of the bankruptcy court.) The applicable number of persons (This information the clerk of the bankruptcy court.) The applicable number of persons (This information the clerk of the bankruptcy court.) The applicable number of persons (This information the clerk of the bankruptcy court.) The applicable number of persons (This information the clerk of the bankruptcy court.) The applicable number of persons in category that would currently be allowed as exemptions on you federal income to dependents whom you support. Multiply Lipersons who are under 65 years of age, and enter in Line 24 to years of age or older. (The applicable number of persons in eategory that would currently be allowed as exemptions on you fany additional dependents whom you support.) Multiply Lipersons under 65, and enter the result in Line 24B. Persons under 65 years of age a1. Allowance per person b1. Number of persons | Marital adjustment. If you are married, but are not filing jointly with your spouse, ente total of any income listed in Line 10, Column B that was NOT paid on a regular basis for expenses of the debtor or the debtor's dependents. Specify in the lines below the basis is column B income (such as payment of the spouse's tax liability or the spouse's support than the debtor or the debtor's dependents) and the amount of income devoted to each p necessary, list additional adjustments on a separate page. If the conditions for entering the not apply, enter zero. a. b. c. Total and enter on Line 19. Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 12 and enter the result. Application of § 1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for 'under § 1325(b)(3)" at the top of page 1 of this statement and complete the remainin The amount on Line 21 is not more than the amount on Line 22. Check the box determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remainin Part IV. CALCULATION OF DEDUCTIONS ALLOWED UND Subpart A: Deductions under Standards of the Internal Revenue Statement and complete Parts IV, V, or VI. Part IV. CALCULATION OF DEDUCTIONS ALLOWED UND Subpart A: Deductions under Standards of the Internal Revenue Standards for the papicable number of persons. (This information is available at www.usto.joy.ovi.st/ or from the clerk of the bankruptey court.) The applicable number of persons is the number of persons of age, and in Line a2 the IRS Na Out-of-Pocket Health Care for persons under 65 years of age or older. (This information is available at www.ustoj.gov/ust/ or from the clerk of the bankruptey court.) Enter in Line b1 the apple persons who are under 65 years of age, and enter in Line b2 the applicable number of persons is the number of persons under 65 years of age, | Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debror or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a. | Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor of the debtor of the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a. |

Case 11-13723-BFK Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03 Desc Main Document Page 4 of 33 B22C (Official Form 22C) (Chapter 13) (12/10)

| Officia | al Form 22C) (Chapter 13) (12/10) | | | | |
|--|--|---|--|--|--|
| and U information | and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable | | | | |
| Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. | | | | | |
| a. | IRS Housing and Utilities Standards; mortgage/rental expense | \$ | | | |
| b. | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 | \$ | | | |
| c. | Net mortgage/rental expense | Subtract Line b from Line a | \$ | | |
| Utilit | ies Standards, enter any additional amount to which you contend you | | \$ | | |
| an ex | pense allowance in this category regardless of whether you pay the ex | | Ψ | | |
| | | | | | |
| | \square 1 \square 2 or more. | | | | |
| Trans Local Statis | If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | |
| Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | | |
| | and Uninformal tax results the II informal tax results the A from a. b. C. Loca and 2 Utilit for your tax and results the A from Check expension of the Loca Statistics of the Loca and Loca Statistics of the Loca Statistics of th | and Utilities Standards; non-mortgage expenses for the applicable county a information is available at www.usdoj.gov/ust/ or from the clerk of the ban family size consists of the number of any additional dependents whom you suppor Local Standards: housing and utilities; mortgage/rent expense. Enter, it the IRS Housing and Utilities Standards; mortgage/rent expense for your conformation is available at www.usdoj.gov/ust/ or from the clerk of the ban family size consists of the number that would currently be allowed as exem tax return, plus the number of any additional dependents whom you support the Average Monthly Payments for any debts secured by your home, as sta from Line a and enter the result in Line 25B. Do not enter an amount less a liRS Housing and Utilities Standards; mortgage/rental expense Local Standards: housing and utilities; adjustment. If you contend that and 25B does not accurately compute the allowance to which you are entitl Utilities Standards, enter any additional amount to which you contend you for your contention in the space below: Local Standards: transportation; vehicle operation/public transportation are expenses are included as a contribution to your household expenses in Line D D D O O O O O O O | information is available at www.usfoi.gov/usf or from the clerk of the bankruptey court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usfoi.gov/usf or from the clerk of the bankruptey court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 c. Net mortgage/rental expense Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense are included as a contribution to your phone phone provided to a possible dependence of the bankruptey count. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. O 1 2 or more. If you checked 0, ente | | |

Case 11-13723-BFK Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03 Desc Main Document Page 5 of 33 B22C (Official Form 22C) (Chapter 13) (12/10)

| Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than twis vehicles.) | | | | | | | |
|--|----|--|---|---|----|--|--|
| Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a "2="" "one="" "ownership="" (available="" 1="" 1,="" 2.="" 28.="" 47;="" <a="" a="" a.="" amount="" an="" and="" any="" as="" at="" average="" b="" b.="" bankruptcy="" below,="" box="" by="" c.="" car"="" checked="" clerk="" complete="" costs="" costs"="" courty;="" debts="" do="" enter="" enter,="" expense="" expense;="" for="" from="" href="www.wsdoj.gov/ust/o" if="" in="" irs="" lease="" less="" line="" local="" monthly="" more"="" net="" not="" of="" only="" or="" ownership="" payment="" payments="" result="" rfrom="" secured="" standards,="" standards:="" stated="" subtract="" than="" the="" this="" total="" transportation="" vehicle="" you="" zero.="">www.wsdoj.gov/ust/o or from the clerk of the bankruptcy courty; enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47; b. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a Average Monthly Payment for any debts secured by Vehicle 2, as better than zero. Other Necessary Expenses: taxes. Enter the total average monthly captured that state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: info insurance. Enter total average monthly deductions that are required for your enployment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: court-ordered pay | | which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more | | | | | |
| tansportation (available at www.ustoi.gov/ust/ or from the clerk of the bankruptey court); enter in Line b subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero. RS Transportation Standards, Ownership Costs S | | <u> </u> | \square 2 or more. | | | | |
| Average Monthly Payment for any debts secured by Vehicle 1, as \$ c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.nsdoj.gov/nst/ or from the clerk of the bankruptey court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. IRS Transportation Standards, Ownership Costs | 28 | Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; | | | | | |
| b. stated in Line 47 c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/usd. or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line h from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions. union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: challed are the local average monthly amount that you actually expend on | | a. | IRS Transportation Standards, Ownership Costs | \$ | | | |
| Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at waw usdoj goviust/ or from the clerk of the bankruptcy count); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. Average Monthly Payment for any debts secured by Vehicle 2, as bated in Line 47 | | b. | | \$ | | | |
| checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as b stated in Line 47 c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, and Medicare taxes. Do not include real estate or asles taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include ray amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend or education that is a condition of employment and for education for employment and for education that is a condition of employment and for education that is required for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on health care that is required f | | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a | \$ | | |
| Transportation (available at www.usloi.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2 Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on health care that is required for the | | | | Complete this Line only if you | | | |
| Average Monthly Payment for any debts secured by Vehicle 2, as b. stated in Line 47 c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for tell for for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for | 29 | Tran | sportation (available at www.usdoj.gov/ust/ or from the clerk of the babtal of the Average Monthly Payments for any debts secured by Vehic | inkruptcy court); enter in Line b le 2, as stated in Line 47; | | | |
| b. stated in Line 47 c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on child care—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line | | a. | IRS Transportation Standards, Ownership Costs | \$ | | | |
| Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings account listed in Line 39. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting | | b. | | \$ | | | |
| federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. Other Necessary Expenses: telecommunic | | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a | \$ | | |
| deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or intermet service—to the extent nec | 30 | federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment | | | | | |
| for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously | 31 | dedu | ctions that are required for your employment, such as mandatory retire | ement contributions, union dues, | \$ | | |
| required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously | 32 | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for | | | | | |
| child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Step 1 | 33 | requ | ired to pay pursuant to the order of a court or administrative agency, so | ach as spousal or child support | \$ | | |
| on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously | 34 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for | | | | | |
| Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously | 35 | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational | | | | | |
| you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously | 36 | payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in | | | | | |
| | 37 | Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously | | | | | |

Case 11-13723-BFK Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03 Desc Main Document Page 6 of 33 B22C (Official Form 22C) (Chapter 13) (12/10)

| 38 | Tota | l Expenses Allowed under IRS Standard | ls. Enter the total of Lines 24 through 37. | \$ |
|----|--|--|--|----|
| | | | onal Expense Deductions under § 707(b) ny expenses that you have listed in Lines 24-37 | |
| | expe | | Health Savings Account Expenses. List the monthly elow that are reasonably necessary for yourself, your | |
| | a. | Health Insurance | \$ | |
| | b. | Disability Insurance | \$ | |
| 39 | c. | Health Savings Account | \$ | |
| | Total | l and enter on Line 39 | | \$ |
| | | u do not actually expend this total amou pace below: | ant, state your actual total average monthly expenditures in | |
| | \$ | | | |
| 40 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. | | | |
| 41 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | | | |
| 42 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. | | | |
| 43 | Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. | | | \$ |
| 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | | | \$ |
| | chari | table contributions in the form of cash or f | casonably necessary for you to expend each month on inancial instruments to a charitable organization as defined any amount in excess of 15% of your gross monthly | |
| 45 | in 26 | | ny amount in excess of 13 /0 of your gross monthly | \$ |

| | Subpart C: Deductions for Debt Payment | | | | | | |
|----|--|--|----------------------------|-----------------------|-------------------------------|--|--------------|
| | Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47. | | | | | | |
| 47 | | Name of Creditor | Property Securing the Debt | | Average Monthly Payment | Does payment include taxes or insurance? | |
| | a. | | | | \$ | yes no | |
| | b. | | | | \$ | yes no | |
| | c. | | | | \$ | ☐ yes ☐ no | |
| | | | | Total: Ad | ld lines a, b and c. | | |
| | Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. | | | | | | |
| 48 | | Name of Creditor | | Property Securing t | the Debt | 1/60th of the Cure Amount | |
| | a. | | | | | \$ | |
| | b. | | | | | \$ | |
| | c. | | | | | \$ | |
| | | | | | Total: Ad | d lines a, b and c. | 」 \$ |
| 49 | such | nents on prepetition priority cl as priority tax, child support and ruptcy filing. Do not include cu | alimony | claims, for which you | a were liable at the ti | me of your | \$ |
| | | pter 13 administrative expenses esulting administrative expense. | s. Multiply | y the amount in Line | a by the amount in L | ine b, and enter | |
| | a. | Projected average monthly Cha | pter 13 pl | an payment. | \$ | | |
| 50 | b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | for United States | X | | | |
| | c. | Average monthly administrativ case | e expense | of Chapter 13 | Total: Multiply Lin | nes a | \$ |
| 51 | Total | Deductions for Debt Payment. En | iter the tot | al of Lines 47 throug | gh 50. | | \$ |
| | | S | ubpart D | : Total Deductions f | from Income | | |

Total of all deductions from income. Enter the total of Lines 38, 46, and 51.

52

| 322C (| Offici | al Form 22C) (Chapter 13) (12/10) | | | | | |
|--------|---|--|-----------------------|-------------|--|--|--|
| | | Part V. DETERMINATION OF DISPOSABLE INCOME UNDER | 2 § 1325(b)(2) | | | | |
| 53 | Tota | al current monthly income. Enter the amount from Line 20. | | \$ | | | |
| 54 | disal | Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. | | | | | |
| 55 | Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). | | | | | | |
| 56 | Tota | of all deductions allowed under § 707(b)(2). Enter the amount from Line 52. | | \$ | | | |
| | Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable. | | | | | | |
| 57 | | Nature of special circumstances | Amount of expense | | | | |
| | a. | | \$ | | | | |
| | b. | | \$ | | | | |
| | c. | | \$ | | | | |
| | | Total: Add l | Lines a, b, and c | \$ | | | |
| 58 | | al adjustments to determine disposable income. Add the amounts on Lines 54, 55, 5 the result. | 66, and 57 and | \$ | | | |
| 59 | Mor | athly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and en | ter the result. | \$ | | | |
| | | Part VI. ADDITIONAL EXPENSE CLAIMS | | | | | |
| | and v | r Expenses. List and describe any monthly expenses, not otherwise stated in this form relfare of you and your family and that you contend should be an additional deduction the under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page ge monthly expense for each item. Total the expenses. | from your curren | t monthly | | | |
| | | Expense Description | Monthly A | mount | | | |
| 60 | a. | | \$ | | | | |
| | b. | | \$ | | | | |
| | c. | | \$ | | | | |
| | | Total: Add Lines a, b and | c \$ | | | | |
| | T 4 | Part VII. VERIFICATION | 1 | | | | |
| | | lare under penalty of perjury that the information provided in this statement is true and debtors must sign.) | i correct. (15 tmis a | joini case, | | | |
| 61 | Date: | June 2, 2011 Signature: /s/ Kapbo Sim | | | | | |
| | | | | | | | |
| | Date: | June 2, 2011 Signature: /s/ Rachel Y Sim | | | | | |

B6 Summary (Form 16 - 13723 - BEK) Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03 Desc Main

Document Page 9 of 33 United States Bankruptcy Court Eastern District of Virginia

| IN RE: | Case No. <u>11-13723</u> |
|----------------------------|--------------------------|
| Sim, Kapbo & Sim, Rachel Y | Chapter 13 |
| Debtor(s) | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NUMBER OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|---------------------|---------------|---------------|--------------|
| A - Real Property | Yes | 1 | \$ 383,800.00 | | |
| B - Personal Property | Yes | 3 | \$ 216,475.82 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 2 | | \$ 611,283.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | \$ 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 3 | | \$ 118,573.27 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | \$ 19,586.70 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 1 | | | \$ 19,339.00 |
| | TOTAL | 15 | \$ 600,275.82 | \$ 729,856.27 | |

Form 6 - Case 11-13723-BFK

Sim, Kapbo & Sim, Rachel Y

Document Page 10

Entered 06/02/11 11:29:03 Desc Main

Chapter 13

Document Page 10 of 33 United States Bankruptcy Court Eastern District of Virginia

| IN RE: | Case No. <u>11-13723</u> |
|--------|--------------------------|

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|------------|
| Domestic Support Obligations (from Schedule E) | \$ 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F) | \$ 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0.00 |
| TOTAL | \$ 0.00 |

State the following:

| Average Income (from Schedule I, Line 16) | \$ 19,586.70 |
|---|-----------------|
| Average Expenses (from Schedule J, Line 18) | \$ 19,339.00 |
| Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C | |
| Line 20) | \$ 6,890.16 |

State the following:

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ 207,858.00 |
|--|---------|------------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$ 0.00 |
| 4. Total from Schedule F | | \$ 118,573.27 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ 326,431.27 |

B6A (Official Form 6A) (12/07) Document Page 11 of 33

Debtor(s)

IN RE Sim, Kapbo & Sim, Rachel Y

© 1993-2011 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Case No. 11-13723

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|--------------------------------------|--|---------------------------------------|--|----------------------------|
| 5895 Tullock Spring Court | Tenants by the | J | 383,800.00 | 588,283.00 |
| Haymarket, VA 20169 | Entirety | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TOTAL

383,800.00

(Report also on Summary of Schedules)

Debtor(s)

IN RE Sim, Kapbo & Sim, Rachel Y

Page 12 of 33 Document

Case No. 11-13723

Desc Main

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|-----|---|------------------|--|---------------------------------------|--|
| 1. | Cash on hand. | Х | | | |
| 2. | Checking, savings or other financial | | Bank of America checking account | J | 1,400.00 |
| | accounts, certificates of deposit or shares in banks, savings and loan, | | Bank of America savings account | J | 50.00 |
| | thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | Virtus Investment Partners mutual fund | Н | 7,444.43 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. | Household goods and furnishings, include audio, video, and computer equipment. | | 3 beds, 3 dressers, 2 televisions, sofa, 2 desks, 2 book cases, 4 computers, dining room set, couch, 2 coffee tables | J | 4,000.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. | Wearing apparel. | | Used clothing | J | 1,500.00 |
| 7. | Furs and jewelry. | X | | | |
| 8. | Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. | Annuities. Itemize and name each issue. | X | | | |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. | Interests in IRA, ERISA, Keogh, or | | Roth IRA | Н | 10,000.00 |
| | other pension or profit sharing plans. Give particulars. | | Thrift savings plan | W | 80,233.97 |
| | | | Thrift savings plan | Н | 92,222.42 |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | | Stock in KBS Q, Inc. | Н | 0.00 |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| | | | | | |

Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03 Desc Main $_{B6B\ (Official Form\ OB)\ (12777-Cont.}$ Document Page 13 of 33

IN RE Sim, Kapbo & Sim, Rachel Y

Case No. 11-13723

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | | | | 1 | 1 |
|-----|---|------------------|--------------------------------------|---------------------------------------|--|
| | TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars. | Х | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | Х | | | |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | Х | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | Х | | | |
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | Х | | | |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories. | | 2008 BMW 328xi | W | 19,625.00 |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | X | | | |
| 32. | Crops - growing or harvested. Give particulars. | X | | | |
| 33. | Farming equipment and implements. | X | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| | | | | | |

B6B (Official Form 6B) (12/07)-3-BFK Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03 Desc Main Document Page 14 of 33

Debtor(s)

IN RE Sim, Kapbo & Sim, Rachel Y

... . ago <u>-</u> . o. **cc**

_ Case No. 11-13723

(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------------------|--------------------------------------|---------------------------------------|--|
| 35. Other personal property of any kind not already listed. Itemize. | X | | 1 | |
| not aneady instea. Itemize. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | TO | ΓAL | 216,475.82 |

| B6C (Official Form 6C) (02/70/23-BFK |
|--------------------------------------|
|--------------------------------------|

Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03

Debtor(s)

Desc Main

(If known)

IN RE Sim, Kapbo & Sim, Rachel Y

Page 15 of 33 Document

Case No. 11-13723

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

Check if debtor claims a homestead exemption that exceeds \$146,450. *

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|--|--------------------------------------|-------------------------------|--|
| SCHEDULE B - PERSONAL PROPERTY | | | |
| Bank of America checking account | CV § 34-4 | 1,400.00 | 1,400.00 |
| Bank of America savings account | CV § 34-4 | 50.00 | 50.00 |
| Virtus Investment Partners mutual fund | CV § 34-4 | 7,444.43 | 7,444.43 |
| 3 beds, 3 dressers, 2 televisions, sofa, 2 desks, 2 book cases, 4 computers, dining room set, couch, 2 coffee tables | CV § 34-26(4a) | 4,000.00 | 4,000.00 |
| Used clothing | CV § 34-26(4) | 1,500.00 | 1,500.00 |
| Roth IRA | CV § 34-34 | 10,000.00 | 10,000.00 |
| Thrift savings plan | CV § 34-34 | 80,233.97 | 80,233.97 |
| Thrift savings plan | CV § 34-34 | 92,222.42 | 92,222.42 |
| | | | |

Debtor(s)

IN RE Sim, Kapbo & Sim, Rachel Y

Case No. 11-13723

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|------------------------------|
| ACCOUNT NO. 8164 | | J | Mortgage account opened 2010-04-06, | | | | 350,022.00 | |
| Bac Home Loans Servici 450 American St Simi Valley, CA 93065 | | | secured against 5895 Tulloch Spring Court, Haymarket, VA | | | | | 9 9 |
| | | | VALUE \$ 383,800.00 | | | | | |
| ACCOUNT NO. 7699 | | Н | Revolving account opened 2005-07-09, | | | | 55,261.00 | 21,483.00 |
| Bank Of America 4161 Piedmont Pkwy Greensboro, NC 27410 | | | secured against 5895 Tulloch Spring Court, Haymarket, VA | | | | | 5 5 |
| | | | VALUE\$ 383,800.00 | | | | | |
| ACCOUNT NO. 5536 | | J | 2011, 2008 BMW 328xi | | | | 23,000.00 | 3,375.00 |
| Suntrust Bank P.O. Box 305053 Nashville, TN 37330 | | | | | | | | S |
| | | | VALUE \$ 19,625.00 | | | | | |
| ACCOUNT NO. | Х | J | 2008, small business loan personally | | | | 183,000.00 | 183,000.00 |
| Uniti Bank 6301 Beach Boulevard Buena Park, CA 90621 | | | guaranteed by Debtors, secured against assets of KBS Q, Inc. and Debtors' primary residence | | | | | |
| | | | VALUE \$ 383,800.00 | | | | | |
| 1 continuation sheets attached | | | (Total of the | | otota | | \$ 611,283.00 | \$ 207,858.00 |
| | | | (Use only on la | | Tota | | \$ (Report also on | \$ (If applicable, report |

(Report also on Summary of Schedules.)

(If known)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.) Debtor(s)

IN RE Sim, Kapbo & Sim, Rachel Y

Case No. 11-13723

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

| | | | (Continuation Sheet) | | | | | |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
| ACCOUNT NO. | | | Assignee or other notification for: | | | | | |
| Diversified Collection Services Inc. P.O. Box 9046 Pleasanton, CA 94566 | | | Uniti Bank | | Ī | | | |
| | | | VALUE \$ | | | | | |
| ACCOUNT NO. | | | Assignee or other notification for: | | | | | |
| James S. Williford Jr., Esq. 451 Hungerford Drive Suite 750 Rockville, MD 20850 | | | Uniti Bank | | | | | |
| | | | VALUE \$ | | | | | |
| ACCOUNT NO. | | | Assignee or other notification for: | | | | | |
| US Small Business Administration 1110 Vermont Avenue NW Suite 900 Washington, DC 20005 | | | Uniti Bank | | | | | |
| | | | VALUE \$ | | | | | |
| ACCOUNT NO. | | | VALUE\$ | | | | | |
| ACCOUNT NO. | | | | | | | | |
| | | | VALUE \$ | | | | | |
| ACCOUNT NO. | | | | | | | | |
| | | | VALUE \$ | | | | | |
| Sheet no. 1 of 1 continuation sheets attach Schedule of Creditors Holding Secured Claims | ned | to | (Total of th | is p | | e) | \$ | \$ |
| | | | (Use only on la | | Tot page | | \$ 611,283.00 | \$ 207,858.00 |

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

IN RE Sim, Kapbo & Sim, Rachel Y

© 1993-2011 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Debtor(s)

Case No. 11-13723

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the

| Stati | stical Summary of Certain Liabilities and Related Data. |
|------------|---|
| liste | eport the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority d on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on statistical Summary of Certain Liabilities and Related Data. |
| √ (| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
| TY | PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| | Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| | Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| | Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| | Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| | Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| | Deposits by individuals Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| | Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| | Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| | Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |
| | * Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment. |
| | 0 continuation sheets attached |

B6F (Official Form 6F) (12/07) 3-BFK Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03 Desc Main Page 19 of 33 Document

Debtor(s)

IN RE Sim, Kapbo & Sim, Rachel Y

Case No. 11-13723

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY UNLIQUIDATED CONTINGENT CODEBTOR CREDITOR'S NAME, MAILING ADDRESS AMOUNT DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, AND ACCOUNT NUMBER. CONSIDERATION FOR CLAIM. IF CLAIM IS (See Instructions Above.) SUBJECT TO SETOFF, SO STATE CLAIM Revolving account opened 2006-02, credit card ACCOUNT NO. 9613 **American Express** P.O. Box 981537 El Paso, TX 79998 3,903.00 Revolving account opened 2006-03, credit card ACCOUNT NO. 2053 **American Express** P.O. Box 981537 El Paso, TX 79998 1,541.00 ACCOUNT NO. 5193 Revolving account opened 2000-12-22, credit card **American Express** P.O. Box 981537 El Paso, TX 79998 722.00 2009, business credit card personally guaranteed ACCOUNT NO. 1003 by debtor **American Express** P.O. Box 650448 Dallas, TX 75265 4,446.00 Subtotal 10,612.00 2 continuation sheets attached (Total of this page) Total (Use only on last page of the completed Schedule F. Report also on

the Summary of Schedules and, if applicable, on the Statistical

Summary of Certain Liabilities and Related Data.)

Debtor(s)

IN RE Sim, Kapbo & Sim, Rachel Y

.....

Case No. 11-13723

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | | - (| Continuation Sheet) | | | | |
|--|----------|---------------------------------------|--|-------------------|--------------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| ACCOUNT NO. 2261 | | Н | Revolving account opened 2008-03-13, credit card | | | | |
| Bk Of America 4060 Ogletown/stanton Rd Newark, DE 19713 | | | | | | | 3,229.00 |
| ACCOUNT NO. 8096 | | Н | Revolving account opened 2008-06-27, credit card | | | H | 3,229.00 |
| Bmw Bank Of North Amer 2735 E Parleys Ways Ste Salt Lake City, UT 84109 | - | | Revolving account opened 2000-00-27, credit data | | | | 9,959.00 |
| ACCOUNT NO. 6498 | | Н | Installment account opened 2008-06-12 | | | H | 9,939.00 |
| Bmw Financial Services 5515 Parkcenter Cir Dublin, OH 43017 | | •• | motaminent descent opened 2000 00 12 | | | | 2,376.00 |
| ACCOUNT NO. 6420 | | w | Revolving account opened 2007-09-21, credit card | | | | 2,070.00 |
| Hsbc Bank P.O. Box 52530 Carol Stream, IL 60196 | - | | | | | | 2,269.00 |
| ACCOUNT NO. 4574 PNC Bank P.O. Box 3429 Pittsburgh, PA 15230 | х | J | 2008, business credit card personally guaranteed by debtor | | | | 5,362.00 |
| ACCOUNT NO. PPF Partners, Inc. C/O George Hawkins, Esq. 8214-C Old Courthouse Road Vienna, VA 22182 | х | J | 2008, breach of promissory note for purchase of Quizno's store located at 5005 Westone Plaza Drive, #B, Chantilly, VA; judgment entered against Debtors and corporation | | | | |
| 0700 | <u> </u> | | Installment account analysis 2000 OF 00 as to | | | H | 67,709.27 |
| ACCOUNT NO. 0738 Toyota Motor Credit 3975 Fair Ridge Dr Ste 3 Fairfax, VA 22033 | | Н | Installment account opened 2009-05-03, auto lease, 2010 Toyota Prius | | | | 6,518.00 |
| Sheet no1 of2 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | 1 | | [Cotal of the state of the sta | Subi | | - 1 | \$ 97,422.27 |
| 2 | | | (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the St Summary of Certain Liabilities and Related | T also atis | ota o o tica | al n | \$ |

B6F (Official Form 6F) (12/07) 3-BFK Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03 Desc Main Document Page 21 of 33

Debtor(s)

IN RE Sim, Kapbo & Sim, Rachel Y

Case No. 11-13723

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | | | <u> </u> | _ | | | |
|--|----------|------------------------------------|--|------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| ACCOUNT NO. 6048 | ╁ | w | Installment account opened 2010-07-27, auto | | | H | |
| Toyota Motor Credit 3975 Fair Ridge Dr Ste 3 Fairfax, VA 22033 | | | lease for a Lexus ES350, car returned early, remaining balance owed on lease | | | | |
| 20-20 | igl | | landallan and a constant arranged 0000 00 04 langua for | | | | 6,167.00 |
| ACCOUNT NO. 0279 | | | Installment account opened 2006-06-24, lease for a Lexus ES350, charges for going over mileage | | | | |
| Toyota Motor Credit 3975 Fair Ridge Dr Ste 3 Fairfax, VA 22033 | | | allowance | | | | 404500 |
| ACCOUNT NO. 5964 | ╁ | J | Revolving account opened 2010-11-09 | | | | 1,845.00 |
| Unvl/citi | 1 | | 3 | | | | |
| Po Box 6241 | | | | | | | |
| Sioux Falls, SD 57117 | | | | | | | |
| | | | | | | | 2,527.00 |
| ACCOUNT NO. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ACCOUNT NO. | ┢ | | | | | + | |
| ACCOUNT NO. | 1 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ACCOUNT NO. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | igapha | | | \perp | | | |
| ACCOUNT NO. | - | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Sheet no 2 of 2 continuation sheets attached to | | l | <u> </u> | Sub | tota | ıl | |
| Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of th | is p | age | 9) [| \$ 10,539.00 |
| | | | (Use only on last page of the completed Schedule F. Report | | ota | | |
| | | | the Summary of Schedules, and if applicable, on the St | | | | |

the Summary of Schedules, and if applicable, on the Statistical

Summary of Certain Liabilities and Related Data.)

118,573.27

 $_{B6G\,(Official Form\,6G)}$ (12/07) 3-BFK Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03 Document

IN RE Sim, Kapbo & Sim, Rachel Y

Page 22 of 33

Case No. 11-13723

Debtor(s)

(If known)

Desc Main

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTERES' STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|--|---|
| ota Motor Credit 5 Fair Ridge Drive Suite 3 fax, VA 22033 | Auto Lease, 2010 Toyota Prius |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

 $_{B6H\ (Official Form 6H)}$ 13723-BFK Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03 Document

IN RE Sim, Kapbo & Sim, Rachel Y

Page 23 of 33

Case No. 11-13723

Debtor(s)

(If known)

Desc Main

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|---|--|
| KBS Q, Inc. 20 Maple Avenue West Vienna, VA 22180 | PPF Partners, Inc. C/O George Hawkins, Esq. 8214-C Old Courthouse Road Vienna, VA 22182 |
| | Uniti Bank 6301 Beach Boulevard Buena Park, CA 90621 |
| | PNC Bank P.O. Box 3429 Pittsburgh, PA 15230 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

IN RE Sim, Kapbo & Sim, Rachel Y

Debtor(s)

Case No. 11-13723

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| Debtor's Marital Status | | DEPEND | ENTS OF DEBTOR AND |) SPOUSE | <u> </u> | | | |
|---|--|--|--|----------------------------|--------------------------------|---------|--------------------|--|
| Married | | RELATIONSHIP(S): Son Son | | | A | AGE(S): | | |
| | | | | | | | | |
| EMPLOYMENT: | - | DEBTOR | | | SPOUSE | | | |
| Occupation Name of Employer How long employed Address of Employer | Self-Employe KBS Q, Inc. C 5 years and 2 320 Maple Av Vienna, VA 2 | Quizno's 2 months venue West | Distribution Clerk United States Postal Service 15 years 8409 Lee Highway Merrifield, VA 22116 | | | | | |
| INCOME: (Estima | ate of average o | r projected monthly income at time case | filed) | | DEBTOR | | SPOUSE | |
| | gross wages, sa | alary, and commissions (prorate if not pa | | \$ \$ | \$ \$ | | 4,425.16 325.00 | |
| 3. SUBTOTAL | • | | | \$ | 0.00 \$ | , | 4,750.16 | |
| 4. LESS PAYROLIa. Payroll taxes asb. Insurancec. Union duesd. Other (specify) | and Social Securi | | | \$ \$ \$ \$ \$ | \$ \$ \$ \$ | | 1,163.46 | |
| 5. SUBTOTAL OI | F PAYROLL D | DEDUCTIONS | | \$ | 0.00 \$ | | 1,163.46 | |
| 6. TOTAL NET M | | | | \$ | 0.00 \$ | , | 3,586.70 | |
| 8. Income from rea 9. Interest and divid 10. Alimony, maint that of dependents 11. Social Security | al property dends tenance or suppo listed above or other govern | | ne debtor's use or | \$ \$ \$ | 16,000.00 \$ \$ \$ \$ | | | |
| | | | | . \$ | \$ | , | | |
| 12. Pension or retir | | | | \$ | \$ | | | |
| (C:f) | | | | \$ \$ \$ | \$ \$ \$ | | | |
| 14. SUBTOTAL C |)F LINES 7 TF | HROUGH 13 | | \$ | 16,000.00 \$ | , | | |
| 15. AVERAGE M | ONTHLY INC | COME (Add amounts shown on lines 6 a | and 14) | \$ | 16,000.00 \$ | | 3,586.70 | |
| | | ONTHLY INCOME: (Combine column otal reported on line 15) | totals from line 15; | | \$ 19 | 9,586.7 | 70 | |

if there is only one debtor repeat total reported on line 15)

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: None

B6J (Official Form 5.7) (12/07) 23-BFK Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03 Desc Mair Document Page 25 of 33

IN RE Sim, Kapbo & Sim, Rachel Y

10. Charitable contributions

© 1993-2011 EZ-Filing, Inc. [1-800-998-2424] - Forms

Debtor(s)

Case No. 11-13723

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweek! |
|--|
| quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed |
| on Form22A or 22C. |

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse." 1. Rent or home mortgage payment (include lot rented for mobile home) \$ 2,612.00 a. Are real estate taxes included? Yes ____ No ✓ b. Is property insurance included? Yes

No 2. Utilities: a. Electricity and heating fuel \$ 180.00 82.00 b. Water and sewer 160.00 c. Telephone d. Other \$ 3. Home maintenance (repairs and upkeep) 100.00 4. Food 600.00 5. Clothing 75.00 6. Laundry and dry cleaning 50.00 7. Medical and dental expenses 8. Transportation (not including car payments) 500.00

14. Alimony, maintenance, and support paid to others

15. Payments for support of additional dependents not living at your home

\$ ______

17. Other HOA Fees Son Instrument For School \$ 39.00

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

19,339.00

60.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: **None**

20. STATEMENT OF MONTHLY NET INCOME

9. Recreation, clubs and entertainment, newspapers, magazines, etc.

| a. Average monthly income from Line 15 of Schedule I | \$ 19,586.70 |
|--|-----------------|
| b. Average monthly expenses from Line 18 above | \$ 19,339.00 |
| c. Monthly net income (a. minus b.) | \$ 247.70 |

Document

Filed 06/02/11 Entered 06/02/11 11:29:03 Page 26 of 33

(If known)

(Print or type name of individual signing on behalf of debtor)

IN RE Sim, Kapbo & Sim, Rachel Y

© 1993-2011 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Debtor(s)

Case No. 11-13723

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 17 sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date: **June 2, 2011** _____ Signature: /s/ Kapbo Sim Debto Kapbo Sim Date: June 2, 2011 Signature: /s/ Rachel Y Sim (Joint Debtor, if any) Rachel Y Sim [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP I, the (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief. Signature:

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Case 11-13723-BFK Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03 Desc Main Document Page 27 of 33 United States Bankruptcy Court Eastern District of Virginia

| IN RE: | | No. <u>11-13723</u> | | |
|--|--|--|----------|--------------|
| Sim, Kapbo & Sim, Rachel Y | Chap | oter 13 | | |
| Debtor(s) | 1 | | | |
| BUSINESS INCOME AND EXPENSE | ES | | | |
| FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (Note: ONLY INCLUDI | informa ∃ | ation directly re | lated to | the business |
| operation.) | _ | • | | |
| PART A - GROSS BUSINESS INCOME FOR THE PREVIOUS 12 MONTHS: | | | | |
| 1. Gross Income For 12 Months Prior to Filing: | \$ | 192,000.00 | | |
| PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME: | | | | |
| 2. Gross Monthly Income: | | | \$ | 16,000.00 |
| PART C - ESTIMATED FUTURE MONTHLY EXPENSES: | | | | |
| Net Employee Payroll (Other Than Debtor) Payroll Taxes Unemployment Taxes Worker's Compensation Other Taxes Inventory Purchases (Including raw materials) Purchase of Feed/Fertilizer/Seed/Spray Rent (Other than debtor's principal residence) Utilities Office Expenses and Supplies Repairs and Maintenance Vehicle Expenses Travel and Entertainment Equipment Rental and Leases Legal/Accounting/Other Professional Fees Insurance Employee Benefits (e.g., pension, medical, etc.) Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts (Specify): | \$ | 1,000.00 350.00 1,100.00 5,280.00 1,130.00 | | |
| 21. Other (Specify): | \$ | | | |
| 22. Total Monthly Expenses (Add items 3-21) | | | \$ | 13,860.00 |
| PART D - ESTIMATED AVERAGE <u>NET</u> MONTHLY INCOME | | | | |
| 23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2) | | | \$ | 2,140.00 |

Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03 Desc Main Page 28 of 33 Document

United States Bankruptcy Court **Eastern District of Virginia**

| IN RE: | Case No. 11-13723 |
|----------------------------|-------------------|
| Sim, Kapbo & Sim, Rachel Y | Chapter 13 |
| Debtor(s) | |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 -25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. I1 U.S.C. § 101.

1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

11,770.00 2011 YTD - Debtor self employed

26,125.00 2011 YTD - Spouse employed at US Postal Service

50,142.00 2010 - Debtor employed at NAI Personnel and self employed

67,000.00 2010 - Spouse employed at US Postal Service

66,191.00 2009 - Debtor employed at NAI Personnel and self employed

52,000.00 2009 - Spouse employed at US Postal Service

2. Income other than from employment or operation of business

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Case 11-13723-BFK | Doc 11 | Filed 06/02/ | 11 | Entered 06/02/11 11:29:03 | Desc Main |
|-------------------|--------|--------------|-----|---------------------------|-----------|
| | | Document | Pag | ne 29 of 33 | |

3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR Bac Home Loans Servicing 450 American Street Simi Valley, CA 93065 | DATES OF PAYMENTS 3/1/2011; 4/1/2011; 5/1/2011 | AMOUNT PAID 7,383.00 | AMOUNT STILL OWING 350,022.00 |
|---|--|-----------------------------------|--|
| Bank Of America P.O. Box 5170 Simi Valley, CA 93062 | 3/1/2011; 4/1/2011; 5/1/2011 | 453.00 | 55,261.00 |
| Toyota Motor Credit 3975 Fair Ridge Drive Suite 3 Fairfax, VA 22033 | 3/27/2011; 4/27/2011; 5/27/2011 | 684.00 | 6,167.00 |

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850.* If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

st Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

@ 1993-2011 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING

PPF Partners, Inc. v. KBS.Q.Inc., Civil suit

et al.; CL2010-6042

COURT OR AGENCY AND LOCATION

Fairfax County Circuit Court,

Fairfax, VA

DISPOSITION Judgment entered against Debtors and

STATUS OR

defendant corporation Judgment entered

Uniti Bank v. KBS. Q. Inc., CL Civil Suit 2010-7520 Fairfax, VA

Fairfax County Circuit Court, against Debtors and defendant corporation

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

| Case 11-13723-BFK | Doc 11 | Filed 06/02/11 | Entered 06/02/11 11:29:03 | Desc Main | | |
|------------------------|--------|----------------|---------------------------|-----------|--|--|
| Document Page 30 of 33 | | | | | | |

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Northern Virginia Law Group, PLLC 6723 Whittier Avenue Suite 207 McLean, VA 22101

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR 4/27/2010

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 1,500.00

5/27/2011 2,000.00

Northern Virginia Law Group, PLLC 6723 Whittier Avenue Suite 207 McLean, VA 22101

10. Other transfers

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.



15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER **INDIVIDUAL** TAXPAYER-I.D. NO. (ITIN)/COMPLETE EIN

NAME KBS Q, Inc.

ADDRESS 41-2189600

320 Maple Avenue West Vienna, VA 22180

NATURE OF BUSINESS Food service. owns Quizno's

BEGINNING AND ENDING DATES 11/15/2005 present

franchise store

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

 \checkmark

Case 11-13723-BFK Doc 11 Filed 06/02/11 Entered 06/02/11 11:29:03 Page 32 of 33 Document

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

| 19 | Rooks | records | and | financial | statements |
|----|-------|---------|-----|-----------|------------|
| | | | | | |

a. List all bookkeepers and accountants who within the two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS Sang C. Yang, CPA 12145 Monteith Lane Fairfax, VA 22030

DATES SERVICES RENDERED March 2011; April 2010; March 2009

 \checkmark

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None **✓**

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

 \checkmark

d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of the case by the debtor.

20. Inventories

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

\checkmark

21. Current Partners, Officers, Directors and Shareholders

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

 \checkmark

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

 \checkmark

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distributions by a corporation

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

24. Tax Consolidation Group

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

25. Pension Funds.

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date: June 2, 2011 | Signature /s/ Kapbo Sim of Debtor | Kapbo Sim |
|---------------------------|---|--------------|
| Date: June 2, 2011 | Signature /s/ Rachel Y Sim of Joint Debtor (if any) | Rachel Y Sim |
| | 0 continuation pages attached | |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.